

## **Fact Sheet**

### **The Department of Health (DOH) Respite Program**

#### **What is Respite?**

Respite provides temporary relief for a family by substituting support for a child or adult with special needs in order to provide a period of relief or rest for the family caregiver. Respite can allow time for the family caregiver to address personal needs, other business, or an unexpected emergency.

#### **Why is there a Need?**

- Helps to preserve the family unit by decreasing the individual and family stresses
- Allows the family to engage in daily activities
- Decreases a feeling of isolation
- Increases the ability to cope with daily care-giving responsibilities
- Maintains stability during crisis situations
- Prevents abuse and neglect
- Prevents burnout of the caregiver and reduces the possibility for out-of-home placement
- It is beneficial not only for the family caregiver, but also for the child or adult with special needs.

#### **Who Received DOH Respite Services?**

Families caring for a family member who is:

- An infant or toddler three years of age or younger with a developmental delay
- A child or adult up to age 21 with a serious or terminal illness
- A child with a serious emotional disturbance
- A child or an adult with a developmental disability
- An adult with a serious mental illness

#### **Who Provided Respite Services?**

The Respite Program, through the Department of Health (DOH), afforded respite to the families of clients from six program areas of four divisions of DOH, per the intent of Act 324, Session Laws of Hawaii 1990. Each of these six program areas divided the respite funds equally (\$104,000 per program area before budget reductions). In addition, the programs worked together and transferred funds between programs to cover shortfalls experienced by one or more of the other programs. However, due to budgetary constraints, the Respite program has been suspended.

- **Family Health Services Division (FHSD)** – Provided respite support to families with (1) medically fragile children or youth up to age 21 and infants and (2) toddlers with developmental delays three years of age or younger.
- **Child and Adolescent Mental Health Division (CAMHD)** – Provided respite support to families for children with a serious emotional disturbance.
- **Developmental Disabilities Division (DDD)** - Provided respite support to families of individuals (children and adults) with developmental disabilities who are not in the DD/MR Home and Community-Based Medicaid Waiver Program.
- **Adult Mental Health Division (AMHD)** – Provided respite services via a single, statewide provider, Mental Health Kokua. However, due to AMHD budget reductions of \$25 million, the contract with Mental Health Kokua was terminated. Consumers were then transitioned to AMHD Peer Coaching services for similar respite services.

**How were Services Delivered?**

- For FHSD, CAMHD, and DDD, families were encouraged to find their own care providers. A provider could be a relative, friend, private individual or agency. For AMHD, care providers were supplied by the Division.
- Families applied and received funds from only one of the six DOH programs.
- Families submitted invoices for respite and were reimbursed by the program.

**Program Budget and Expenditures:**

**Program Budget  
(Fiscal Years 1990 to 2011)\***

\$1,000,000	Act 324, SLH 1990 Appropriation
(\$375,872)	Minus Budget reductions
\$624,128	Remaining in operating budget
(\$35,151)	Minus 4% legislative reduction, transfer of funds to cover payroll shortfall, adjustment for personal services
\$588,977	Remaining in operating budget (minus the above reductions)
(\$412,024)	Minus the Governor's proposed adjustments in the Executive Budget Request for FY 2010 and FY 2011
\$376,953	Restored by Act 162 2009 (from the Tobacco Settlement Trust Fund) Monies were not released due to the administration's determination that this was not an appropriate use of the fund monies.
\$200,000	<b>Appropriated by Act 191 2010 (from the Emergency and Budget Reserve Fund)</b> Monies were not released until Governor Abercrombie assumed office in January 2011. <b>Act 25 2011 extends the lapse date of funds appropriated from June 30, 2011 to June 30, 2012 to allow for additional time for the DOH programs to expend the funds.</b>

**Budget Expenditures by Division  
2008 Fiscal Year\*<sup>1</sup>**

Division	FHSD	CAMHD	DDD	AMHD	Total
Amount Spent	\$202, 627	\$104,021 (estimate)	\$156,110	\$98,000	\$560,768
Number of Families Served	544	73	194	34	845

\* The Fiscal Year (FY) begins July 1<sup>st</sup> and ends June 30<sup>th</sup> of the following year.

**What is the Impact of Eliminating of Respite Services?**

- As respite is reduced, families will become more "at risk" for out-of-home placement, foster care, and possibly higher levels of care.
- It is more cost effective to provide respite funds to families than to pay for foster care or out-of-home placement if families are unable to care for their loved ones at home.

<sup>1</sup>Department of Health FHSD, CAMHD, DDD, AMHD programs reports to the Respite Task Force (January 2009).